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07/25/05 10:47 :03/03 NO:815

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE  
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32692 7590 06/17/2005

**3M INNOVATIVE PROPERTIES COMPANY**  
 PO BOX 33427  
 ST. PAUL, MN 55133-3427

07/26/2005 RMEBRAH1 00000154 133723 09871223

01 FC:1501 1400.00 DA  
 02 FC:1504 300.00 DA  
 03 FC:8001 9.00 DA

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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Susan Whipple	(Deposited's name)
Quinn Whipple	(Signature)
July 25, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/871,223	05/31/2001	Desmond T. Curran	53924USA1B.010	6855

**TITLE OF INVENTION: MANNER OF ATTACHING COMPONENT ELEMENTS TO FILTRATION MATERIAL SUCH AS MAY BE UTILIZED IN RESPIRATORY MASKS**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	09/19/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
LEWIS, AARON J	3743	128-205270

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

3m Innovative Properties Company

## (B) RESIDENCE: (CITY and STATE OR COUNTRY)

St. Paul, Minnesota

KARL

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

## 4a. The following fee(s) are enclosed:

- Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies 3

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## 5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date 7-25-05

Typed or printed name

KARL G. HANSON

Registration No. 33,900

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**FACSIMILE  
TRANSMITTAL  
FORM**

<b>FACSIMILE TRANSMITTAL FORM</b>	Application Number	09/871223
	Filing Date	May 31, 2001
	First Named Inventor	Curran, Desmond T.
	Art Unit	3743
	Examiner Name	Aaron J. Lewis
Fax: 703-746-4000	Attorney Docket Number	53924US010
Total Number of Pages in This Submission: 3		
Date: July 25, 2005	Attorney for Applicant: Karl G. Hanson	

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Issue Fee Transmittal <input type="checkbox"/> Amendment Transmittal	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Appeal Communication to Technology Center (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosures:
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR § 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts under 35 USC 371 in US Designated/ Elected Office (DO/EO/US)	<input type="checkbox"/> Request for Refund  <input type="checkbox"/> Request for Continued Examination (RCE) Transmittal	
<input type="checkbox"/> Drawings	<input type="checkbox"/> After Allowance Communication to Technology Center	

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